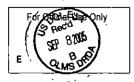
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budge: No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 13337	2. Fiscal Year Covered From:	
<u> </u>	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Richard W Carder	Name I.B.E.W. Local Union 307	
	Labor Organization File Number 010-409	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 401 Decatur Street	Street 401 Decatur Street	
City Cumberland	City Cumberland	
State Maryland ZIP Code + 4 21502	State Maryland ZIP Code + 4 21502	
5. Position in labor organization.	3 15.	
	The design of the second secon	
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests usions set forth in the instructions):	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization.	derived income or other economic benefit of lon represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
	7.b. Amount.	
Street		
City		
State ZIP Code + 4	his can any make a surprise and a su	
Sign	nature	
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the	
Signed Kirkard W Carder	On 8/14/2005 301-724-3403	
Form LM-30 (2003)	· Date Telephone Number	



Name of Person Filing Steven Logsdon		Fite Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.				
8. Name and address of Business (including trade name, if any).	9. Business deals with:			
Name The Segal Company	a. Labor Organization			
Trade Name, if any:	a. Labor Organization b. Trust c. Employer			
P.O. Box, Bldg., Room No., if any Suite 400				
Street 1920 N Street N. W.				
City Washington				
State District of Columbia ZIP Code + 4 20036				
10. If 9.b, or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. Consultant for Maryland Electrical Industry Funds Health & Welfare Fund Annunity Fund Pension Fund			
Name Maryland Electrical Industry Funds				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any 2nd Floor	The state of the s			
Street 6650 Belair Road	11.b. Approximate dollar valu	ue of such dealing. \$84,500		
City Baltimore	12.a. Nature of interest held	d or income received.		
State Maryland ZIP Code + 4 21.206	Business Dinner on	1 8/5/2004		
	12.b. Amount.			
C. Received from any employer (other than an employer covered under parts A and B above)				
or from any labor relations consultant to an employer any payment of money or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
· State ZIP Code + 4				
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	TO SERVICE THE PROPERTY OF THE		
<u> </u>				